PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks J through 5 should be completed where

.23548	7596 09/29/2	k 1 for any change of address)	F.e	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, muthave its own certificate of mailing or transmission.		
LEYDIG VOI 700 THIRTEEN SUITE 300	F & MAYER, LTE ITH ST. NW		I I St ad tr	receby certify that thi	ificate of Mailing or Trans s Fee(s) Transmittal is bein ith sufficient postage for fir Stop ISSUE FEE address TO (571) 273-2885, on the c	a deposited with the Units
WASHINGTON	I, DC 20005-3960					(Depositor's mane
						(Signatore
			L		***************************************	(Dati
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	R:	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/568,346	02/14/2006	***************************************	Masahiko Ikawa		403586/MELCO	2424
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DOE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	81810	12/29/2010
EXAMI	INFR:	ARTUNIT	CLASS-SUBCLASS	7		
MOORE JR. ?	MICHAEL J	2467	370-428000	J		
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).		2. For printing on the	patent front page, list			
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
2 4 (-17) (-12) (-12) (-12) (-12)	ND RESIDENCE DATA	O BE PRINTED ON		(pe)	****	***************************************
 ASSIGNEE NAME AN 						
	ess an assignee is identific in 37 CFR 3.11. Comple	ed below, no assignee tion of this form is NO	data will appear on the T a substitute for filing at	patent. If an assigne	e is identified below, the d	ocument has been filed f
		ed below, no assignee tion of this form is NO	data will appear on the Ta substitute for filing at (B) RESIDENCE: (CIT		e is identified below, the di DUNTRY)	ocument has been filed
PLEASE NOTE: Unle recordation as set forth	NEE		(B) RESIDENCE: (CIT			ocument has been filed f
PLEASE NOTE: Unle recordation as set forth (A) NAME OF ASSIG tsubishi De	nki Kabushi	ki Kaisha	(8) RESIDENCE: (CIT	Y and STATE OR CO		
PLEASE NOTE: Unle recordation as set forth (A) NAME OF ASSIGNMENT DE Please check the appropria 4a. The following fee(s) an XI Issue Fee	NEE nki Kabushi ate assignee category or ca rc submitted:	ki Kaisha negories (will not be pr	(B) RESIDENCE: (CIT Tokye inted on the patent): Payment of Fee(s): (Ple A check is euclosed.	Y and STATE OR CO O, Japan Individual XI Con case first reapply an	OUNTRY) potation or other private gro r previously paid issue fee	oup entity 🚨 Governme
PLEASE NOTE: Unle recordation as set forth (A) NAME OF ASSIGNMENT DE Please check the approprise 4a. The following fee(s) as I Issue Fee	NEE nki Kabushi ate assignee category or ca	ki Kaisha negories (will not be pr 4F mitted)	(B) RESIDENCE: (CIT Tokye inted on the patent): D. Payment of Fee(s): (Ple A check is enclosed. Payment by credit ca	Y and STATE OR CO D. Japan Individual **D Cos ase first reapply any and. Form PTO-2038	OUNTRY) potation or other private gro r previously paid issue fee	oup entity 🚨 Governme shown above)
PLEASE NOTE: Unle recordation as set forth (A) NAME OF ASSIGNAME OF ASSIGNAME COLORS (A) NAME OF ASSIGNAME (A) NAME OF ASSIGNAME (A) NAME OF ASSIGNAME (A) A	enki Kabushi ate assignee category or ca re submitted: o small entity discount per of Copies us (from status indicated a SMALL ENTITY status.	ki Kaisha ttegories (will not be pr ## mitted) bove) See 37 CFR 1.27.	(B) RESIDENCE: (CIT Tokyo inted on the patent): D. Payment of Fee(s): (Ple A check is enclosed. Delivery Payment by credit case in the Director is hereboverpayment, to Dep	Y and STATE OR CO D, Japan Individual D Cos case first reapply any and. Form PTO-2038 by authorized to charg osit Account Number ager claiming SMAL	potation or other private gro r previously paid issue fee is attached. e the required fee(s), any de	shown above) Siciency, or credit any a extra copy of this form,
PLEASE NOTE: Unle recordation as set forth (A) NAME OF ASSIGNAME OF ASSIGNAME COLORS (A) NAME OF ASSIGNAME (A) NAME OF ASSIGNAME (A) NAME OF ASSIGNAME (A) A	enki Kabushi ate assignee category or ca re submitted: o small entity discount per of Copies us (from status indicated a SMALL ENTITY status. Publication Fee (if requir	ki Kaisha tegories (will not be pr ## mitted) bove) See 37 CFR 1.27. ed) will not be accepted	(B) RESIDENCE: (CIT Tokyo inted on the patent): D. Payment of Fcc(s): (Ple A check is enclosed. Payment by credit ca The Director is hereboverpayment, to Dep	Y and STATE OR CO D, Japan Individual D Cos case first reapply any and. Form PTO-2038 by authorized to charg osit Account Number ager claiming SMAL	poration or other private green previously paid issue fee is attached. The required fee(s), any detection is a fee feet fee(s).	shown above) Siciency, or credit any a extra copy of this form,
PLEASE NOTE: Unle recordation as set forth (A) NAME OF ASSIGUTE AND ASSIGUTE ASSIGUT	enki Kabushi ate assignee category or ca re submitted: o small entity discount per of Copies us (from status indicated a SMALL ENTITY status. Publication Fee (if require- percords of the United States	ki Kaisha tegories (will not be pr # mitted) bove) See 37 CFR 1.27. ed) will not be acceptee Patent and Trademark	(B) RESIDENCE: (CIT Tokyo inted on the patent): D. Payment of Fcc(s): (Ple A check is enclosed. Payment by credit ca The Director is hereboverpayment, to Dep	Y and STATE OR COO., Japan Individual D Cor case first reapply any ard. Form PTO-2038 by authorized to charg osit Account Number ager claiming SMAL the applicant; a regis	poration or other private growth previously paid issue feets attached. The required feets and decreased attached attorney or agent; or the prediction of th	Shown above) Siciency, or credit any a extra copy of this form, or assignee or other party
PLEASE NOTE: Unle recordation as set forth (A) NAME OF ASSIGNAME OF ASSIGNAME COLORS (A) NAME OF ASSIGNAME (A) NAME OF ASSIGNAME (A) NAME OF ASSIGNAME (A) A COLORS (A) Advance Order - # Change in Entity State (A) Advance Order - # Change in Entity State (A) Applicant claims (A) Applicant claims (A) Authorized Signature (A) Authorized Signature (A) Typed or printed name	enki Kabushi ate assignee category or ca re submitted: o small entity discount per of Copies as (from status indicated a SMALL ENTITY status. Publication Fee (if require reords of the United States)	ki Kaisha ttegories (will not be pr ## mitted) bove) See 37 CFR 1.27. ed) will not be accepted Patent and Trademark Wkand	Tokye inted on the patent): Payment of Fee(s): (Ple A check is enclosed. Payment by credit or The Director is hereb overpayment, to Dep b. Applicant is no load from anyone other than Office.	Y and STATE OR CO D, Japan Individual XI Con rase first reapply any and. Form PTO-2038 ry authorized to charg osit Account Number ager claiming SMAL the applicant; a regis Date Registration No	potation or other private green previously paid issue feets attached. The the required feets, any decrease at the required feets. ENTITY status. See 37 Clared attorney or agent; or the recommendation of the recommendat	shown above) ficiency, or credit any a extra copy of this form FR 1.27(g)(2). e assignee or other party